Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS		25					RATE	FEE		RATE	FEE
FOR ·			NUMBER FILED		NUMBER EXTRA		B/	SIC FEE	385.00	OR	BÁSIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			M minus 20=		• 4			KS 9=	CAS	OR	X\$18=	
IND	EPENDENT C	LAIMS .	3 minus 3 =		• –		X43=		17-		X86=	· .
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		•				<u> </u>	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	145=	1-1-	OR	+290=	
, CLAIMS AS AMENDED - PART II								OTAL	430	OR	TOTAL	
! 10	N	. <u>.</u> s	MALL	ENTITY	OR	OTHER SMALL						
AMENDMENT A	· .	CLAIMS REMAINING. AFTER AMENDMENT	.	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 25	Minus	. 7	25	• ·	()	(\$ 9≖	. /	OR	X\$18=	
	Independent	· 3	Minus	***	3.	•/		(43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=	
								TOTAL NT. FEE	J	OR	TOTAL ADDIT, FEE	·
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B	7-19-07	CLAIMS REMAINING AFTER AMENDMENT		NUM! PREVICE PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 25	Minus	-25		• /	. >	(\$ 9=	: /	OR	X\$18=	
ME	Independent	. 3	Minus	-3		•/		(43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .												
1074									••	OR	TOTAL	
(Column 1) (Column 2) (Column 3)											ADDIT. FEE	• .
	`	(Column 1) CLAIMS	•	HIGH	**: =/	(Column 3)	<u> </u>		400:			ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••	•		×	\$ 9 =		OR	X\$18=	
	Independent	•	Minus	***			×	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											•	
 ("If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3." TOTAL TOTAL TOTAL OR ADDIT. FEE TOTAL OR ADDIT. FEE											
		ber Previously Pai					f lound i	n the ap	propriate box	in col	umn 1.	•

Application or Docket Number